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PRINTED: 05/14/2018
FORM APPROVED
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC#1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445342		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2018	
NAME OF PROVIDER OR SUPPLIER WESTMORELAND CARE & REHAB CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 1559 NEW HIGHWAY 52 WESTMORELAND, TN 37186			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000	Westmoreland Care and Rehabilitation does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The facility offers its responses, credible allegations of compliance as part of its ongoing efforts to provide quality of care to residents.		5/10/18
F 686 SS=D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, observations, and interview, the facility failed to follow Physician's Orders for 1 of 24 sampled residents (Resident #73) related to application of heel floats.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #73 was admitted to the facility on 4/10/18 with diagnoses</p>			F 686	<p>Corrective Action for Residents Affected:</p> <p>1. The clinical record for Elder #73 was immediately reviewed by the DON and Wound Care Nurse on 5/8/18 to confirm current orders for floating of the Elder #73 heels. In-servicing was completed on 5/10/18 by Staff Development Coordinator with LPN #1 and RN #1 on proper positioning needed for floating the heels of the resident. All available C.N.A.'s were also in-serviced by the Staff Development Coordinator on 5/10/18 on the correct position for floating the heels of a resident.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kashell Spaw, RNHA 5/21/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER WESTMORELAND CARE & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1589 NEW HIGHWAY 52 WESTMORELAND, TN 37186		
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F 686	<p>Continued From page 1</p> <p>including Diarrhea, Adult Failure to Thrive, Seizures, Anemia, Chronic Pain Syndrome, Muscle Weakness, and Paroxysmal Atrial Fibrillation.</p> <p>Medical record review of the Admission Minimum Data Set (MDS) for Resident #73 dated 4/17/18 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 6 indicating moderate cognitive impairment.</p> <p>Medical record review of Physician Telephone Orders for Resident #73 dated 4/18/18 revealed "...Heel floats to bilateral heels while in bed..."</p> <p>Medical record review of the Physicians orders for Resident #73 dated May 2018 revealed "...Heel floats to bilateral heels while in bed..."</p> <p>Medical review of the Treatment Administration Record (TAR) for Resident #73 dated 5-1-18 through 5-31-18 revealed "...Heel floats to bilateral heels while in bed..."</p> <p>Observation of Resident #73 on 5/9/18 at 7:27 AM and again at 8:17 AM in the resident's room revealed the resident lying in bed with his feet exposed from under the cover and no heel floats were in place.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 5/8/18 at 3:25 PM in the common area room revealed Resident #73 had a Suspected Deep Tissue Injury (SDTI) to his right heel and she stated "...he has heel floats when he's in bed..."</p> <p>Interview with Registered Nurse (RN) #1 on 5/9/18 at 1:49 PM in the Willow Brook nurses station confirmed he expected heel floats to be</p>	F 686	<p>Potential Residents Affected:</p> <p>2. A review of all current residents that require their heels to be floated will be performed by the DON, ADON, Unit Manager, Wound Care Nurse, MDS Coordinators, and/or Administrator by 5/18/18. All residents that require their heels to be floated will have their current plan of care updated to reflect the current needs to the elder. The Nursing staff will be made aware of the current elders that require their heels to be floated by the ADON and Unit Manager by 5/18/18.</p> <p>Systematic Measures:</p> <p>3. An in-service was completed for the alleged deficient practice by the Staff Development Coordinator on 5/10/18. A follow up in-service will be conducted by 5/31/18 by the Staff Development Coordinator to prevent future occurrences.</p> <p>Monitoring Changes:</p> <p>4. The DON, ADON, Unit Manager, Administrator, Weekend Manager, and/or Wound Care Nurse will monitor for compliance daily for four weeks beginning 5/21/18, then once a week for four weeks, and monthly thereafter until substantial compliance is achieved. All audit findings will be brought to the QAPI Meeting for review, trending, and planning monthly for three months.</p>		<p>5/18/18</p> <p>5/31/18</p> <p>6/4/18</p>

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NAME OF PROVIDER OR SUPPLIER WESTMORELAND CARE & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1558 NEW HIGHWAY 52 WESTMORELAND, TN 37196		
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F 812	<p>Continued From page 3</p> <p>revealed the floor mixer had multiple splatters of various colored dried debris on the underside of the beater arm and the mixer bowl holder arms had dried accumulation of brown colored debris around the 3 connection sites to the bowl. Further observation revealed the stacked convection oven interior had a heavy accumulation of blackened debris. Further observation in the walk-in freezer revealed the condenser fan grate and blade had an accumulation of blackened debris.</p> <p>Interview with the CDM on 5/8/18 at 12:00 PM and 1:55 PM in the dietary department confirmed the floor mixer, stacked convection oven, and the walk-in freezer condenser grate and blades were not maintained in a sanitary manner.</p> <p>Observation on 5/8/18 at 2:25 PM in the dietary department dish room, with the CDM present, revealed the dish machine was in operation. Further observation revealed silverware and multiple racks with dishes and mugs had been washed, air dried, and stored. Further observation revealed a wall mounted fan in operation positioned on the dirty side of the dish machine. Further observation revealed the fan was in operation and directed at the dirty side of the dish machine, therefore contaminating the cleaned dishes.</p> <p>Interview with the CDM on 5/8/18 at 2:25 PM in the dietary department dish room confirmed the fan blades and grate were dirty and not maintained in a sanitary manner.</p>	F 812			

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E 000	Initial Comments An emergency preparedness survey was completed on 5/8/18 to 5/10/18 at Westmoreland Care and Rehab Center. No Deficiencies were cited under FED-E-1.00.	E 000			
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